

Affected Programs: Wisconsin Chronic Disease Program

To: Dispensing Physicians, Federally Qualified Health Centers, Pharmacies

Policies and Requirements for Wisconsin Chronic Disease Program Pharmacy Services

This *ForwardHealth Update* describes covered and noncovered services, claim submission information, and reimbursement policies as they apply to Wisconsin Chronic Disease Program (WCDP) providers of pharmacy services.

Information in this *Update* applies to WCDP providers of chronic renal disease, adult cystic fibrosis, and hemophilia home care services.

Implementation of ForwardHealth interChange

In October 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system will provide.

With the implementation of ForwardHealth interChange, important changes will be made to the

Wisconsin Chronic Disease Program (WCDP).

Information about these changes are described in this *ForwardHealth Update*. Information applies to WCDP providers of chronic renal disease, adult cystic fibrosis, and hemophilia home care services.

Covered and Noncovered Services

Federal Legend and Over-the-Counter Drugs

Wisconsin Chronic Disease Program has established the WCDP Drug Formulary. Drugs not listed on the WCDP Drug Formulary are not covered by WCDP. For a drug to be covered by WCDP, it must be medically necessary and the manufacturer must have a signed manufacturer rebate agreement on file with WCDP.

With the implementation of ForwardHealth interChange, the WCDP Drug Formulary will be published monthly on the ForwardHealth Portal at www.forwardhealth.wi.gov/. Providers should refer to the formulary frequently for the most current information about covered drugs.

Wisconsin Chronic Disease Program does not cover compound drugs.

Wisconsin Chronic Disease Program allows prescriptions to be dispensed in a quantity of up to a 34-day supply.

Other Pharmacy Data Tables

Providers may refer to the pharmacy data tables on the Portal for additional information about WCDP covered drugs, including the following:

- A list of covered WCDP diagnosis-restricted federal legend and over-the-counter (OTC) drugs.
- A numeric listing of manufacturers with signed rebate agreements with WCDP. (Wisconsin Chronic Disease Program will be added to the current list of manufacturers with signed rebate agreements with BadgerCare Plus and SeniorCare.)

Most data tables are revised monthly, so providers should refer to the Portal frequently for the most current information.

Reimbursement

Pharmacy claims submitted to WCDP with a National Drug Code (NDC) will be reimbursed according to the BadgerCare Plus Standard Plan's pricing methodologies.

Dispensing Fee

Wisconsin Chronic Disease Program reimburses providers a traditional dispensing fee equal to the Medicaid and BadgerCare Plus dispensing fee. Services covered under the traditional dispensing fee include record keeping, patient profile preparation, prospective Drug Utilization Review (DUR), and counseling.

A traditional dispensing fee is paid once per member, per service, per month, per provider, depending on the physician's prescription.

Wisconsin Chronic Disease Program only reimburses providers for the traditional dispensing fee. Pharmaceutical Care and the repackaging allowance are not part of the reimbursement for the WCDP dispensing fee.

Copayment

Members have a copayment for pharmacy services. Copayment for WCDP federal legend and OTC drugs is

\$7.50 for a generic drug and \$15.00 for a brand name drug. Copayment applies to new and refilled prescriptions. Pharmacy services are the only WCDP services that require member copayment.

Providers may refer to the August 2008 *Update* (2008-133), titled "Wisconsin Chronic Disease Program Cost Sharing," for more detailed information copayment, spenddown, and cap limits.

Claims

Claims for federal legend and OTC drugs may be submitted via the following methods:

- Electronic, using one of the following:
 - ✓ The real-time National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Version 5.1.
 - ✓ Provider Electronic Solutions (PES) software.
- Paper, using the Noncompound Drug Claim form, F-13072 (10/08). (One detail per claim may be indicated on the Noncompound Drug Claim form.)

Real-Time Claims

The Point-of-Sale (POS) system enables providers to submit electronic claims in an online, real-time environment. ForwardHealth interChange verifies member enrollment and monitors WCDP pharmacy policy. Within seconds of submitting a real-time claim, processes are completed and the provider receives an electronic response indicating payment or denial.

Claims should be submitted using the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant NCPDP Telecommunication Standard 5.1 for Retail Pharmacy Claims standards. Using this format, providers are able to complete the following:

- Initiate new claims and reverse and resubmit previously paid real-time claims.
- Submit individual claims for the same member within one electronic transaction.

Providers may refer to the ForwardHealth Companion Document to HIPAA Implementation Guide: NCPDP 5.1 (NCPDP 5.1) for more information about real-time claim submissions and reversals. The NCPDP 5.1 companion document can be found on the Portal. This ForwardHealth companion document replaces the WCDP Companion Document to HIPAA Implementation Guide: NCPDP 5.1.

Provider Electronic Solutions Claims

The Division of Health Care Access and Accountability offers electronic billing software at no cost to the provider. Provider Electronic Solutions software allows providers to submit electronic claims. With the implementation of ForwardHealth interChange, pharmacy providers will be able to submit batch drug claims with PES software using the NCPDP Version 1.1 transaction.

Providers may download PES software from the ForwardHealth Web site at dhs.wisconsin.gov/ForwardHealth/ or from the Portal at www.forwardhealth.wi.gov/ after implementation of interChange. Providers may also obtain the software by contacting the Electronic Data Interchange Helpdesk by telephone at (866) 416-4979.

Providers may refer to the June 2008 *Update* (2008-38), titled “Additional ForwardHealth Training Sessions Available in August 2008,” for information about PES software trainings for providers who use the NCPDP Version 1.1 transaction.

Paper Claims

Claims for federal legend and OTC drugs may be submitted on paper using the Noncompound Drug Claim. Refer to Attachments 1 and 2 of this *Update* for a copy of the Noncompound Drug Claim form and completion instructions. Paper claims for federal legend and OTC drugs received on any other claim form will be returned to the provider.

Dispense As Written Codes

Pharmacy providers are required to indicate the appropriate one-digit NCPDP Dispense As Written (DAW) code on each electronic and paper claims for a brand medically necessary drug. If the DAW field is left blank, providers will be reimbursed at the generic rate. For pharmacy providers to indicate DAW “1” on the claim, the prescriber must have handwritten “brand medically necessary” on the prescription.

One of the following DAW codes must be indicated on pharmacy claims for WCDP services.

WCDP Code	Description
0	No product selection indicated.
1	Substitution not allowed by prescriber.
5	Substitution allowed. Brand name drug dispensed as generic.
6	Override.*
8	Substitution allowed. Generic drug not available in marketplace.
* Pharmacy providers may indicate NCPDP DAW code “6” on claims for preferred brand name drugs when a therapeutically equivalent drug is available. Providers may only submit claims with DAW code “6” for these drugs.	

Prospective Drug Utilization Review

Wisconsin Chronic Disease Program providers will begin receiving prospective DUR alerts when submitting claims via the POS system. The prospective DUR system screens certain drug categories for clinically significant potential drug therapy problems before a drug is dispensed to a member. Prospective DUR enhances clinical quality and cost-effective drug use.

Prospective DUR is applied to all WCDP real-time POS claims. (Paper and PES claims are excluded from prospective DUR.) When a claim is processed for a drug that has the potential to cause problems for a member, the WCDP returns an alert to inform the pharmacy

provider about the potential problem. The provider is then required to respond to the alert to obtain reimbursement from the WCDP. The provider is required to resubmit the claim and include information about the action taken and the resulting outcome.

Although the prospective DUR system alerts pharmacy providers to a variety of potential problems, it is not intended to replace pharmacists' professional judgment. Potential drug therapy problems may exist that do not trigger the prospective DUR system. Prospective DUR remains the responsibility of the pharmacy, as required by federal and state law. The system is an additional tool to assist pharmacists in meeting this requirement.

Claims Reviewed by the Prospective Drug Utilization Review System

Under the prospective DUR system, reimbursable claims for WCDP members submitted through the real-time pharmacy POS system are reviewed. Although paper claims and compound drug claims are not reviewed by the prospective DUR system, pharmacy providers are still required under provisions of the Omnibus Budget Reconciliation Act of 1990 to perform prospective DUR independently.

Alerts and Alert Hierarchy

The Wisconsin Medicaid DUR Board established a hierarchy for the order in which multiple DUR alerts appear if more than one alert is activated for a drug claim. Factors taken into account in determining the hierarchy include the potential for avoidance of adverse consequences, improvement in the quality of care, cost savings, likelihood of a false positive, and a review of alerts used by other state Medicaid programs for prospective DUR. The clinical drug tables used to establish the alerts are provided to WCDP by First DataBank, Inc.

Wisconsin Chronic Disease Program activates alerts that identify the following problems. These alerts are listed in hierarchical order according to DUR conflict codes:

- DD — Drug-drug interaction.
- Drug-disease contraindication:
 - ✓ MC — reported.
 - ✓ DC — inferred.
- TD — Therapeutic duplication.
- PG — Pregnancy alert.
- ER — Early refill.
- AT — Additive toxicity.
- PA — Drug-age precaution (pediatric).
- LR — Late refill.
- SR — Suboptimal regimen.
- NS — Insufficient quantity.
- HD — High dose.

Overriding Alerts

If a provider anticipates that he or she will receive a DUR alert before a claim is submitted, the provider may override the alert prior to submitting the claim. The same alert may be overridden more than once if the member receives coverage from BadgerCare Plus or Medicaid and WCDP.

Valid National Drug Codes, Procedure Codes, and Modifiers

Valid NDCs, procedure codes, and modifiers from national code sets must be indicated on claims. Claims submitted with invalid codes will be denied.

Coordination of Benefits

Pharmacies are required to be Medicare certified if dispensing drugs to members with Medicare coverage.

Providers may refer to the July 2008 *Update* (2008-127), titled “Wisconsin Chronic Disease Program Coordination of Benefits,” for more detailed information about coordination of benefits for WCDP members.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS).

Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

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ATTACHMENT 1

Noncompound Drug Claim Completion Instructions

(A copy of the “Noncompound Drug Claim Completion Instructions” is located on the following pages.)

NONCOMPOUND DRUG CLAIM COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible members. Although these claim instructions refer to ForwardHealth members, these instructions also apply to Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program (WCDP) members.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about ForwardHealth applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement.

The Noncompound Drug Claim form is used by ForwardHealth and is mandatory when submitting paper claims for noncompound drugs. Failure to supply the information requested by the form may result in denial of payment for the services.

To avoid denial or inaccurate claim payment, use the following claim form completion instructions. Enter all required data on the claim form in the appropriate element. Do not include attachments unless instructed to do so. All elements are required unless "optional" or "not required" is indicated. For Elements 15, 17, 19, 21, 23, and 26, refer to the Online Handbook for tables and accepted values.

ForwardHealth members receive an identification card upon being determined eligible. Always verify a member's eligibility before providing nonemergency services by using Wisconsin's Enrollment Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the member's name.

For questions regarding these instructions, providers may contact Provider Services at (800) 947-9627.

Note: Submit claims for non-drug items, such as clozapine management services, disposable medical supplies, durable medical equipment, and enteral nutrition products, on the CMS 1500 claim form or the 837 Health Care Claim: Professional transaction using nationally recognized five-digit procedure codes.

For Medicaid, BadgerCare Plus, and SeniorCare members, return form to:
ForwardHealth
Claims and Adjustments
6406 Bridge Rd
Madison WI 53784-0002

For Wisconsin Chronic Disease Program members, return form to:
ForwardHealth
PO Box 6410
Madison WI 53716-0410

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider

Enter the name of the billing provider.

Element 2 — National Provider Identifier

Enter the billing provider's National Provider Identifier (NPI).

Element 3 — Address — Provider

Enter the address, including the street, city, state, and ZIP+4 code of the billing provider.

SECTION II — MEMBER INFORMATION

Element 4 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters.

Element 5 — Name — Member

Enter the member's name from the member's ForwardHealth identification card. Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth card and the EVS do not match, use the spelling from the EVS.

Element 6 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format (e.g., July 14, 1953, would be 07/14/1953).

Element 7 — Sex — Member

Enter "0" for unspecified, "1" for male, or "2" for female.

SECTION III — CLAIM INFORMATION

Element 8 — Prescriber Number

Enter a valid NPI.

The NPI is a new 10-digit number that is issued through the National Plan and Provider Enumeration System (NPPES), which was developed by the Centers for Medicare and Medicaid Services (CMS). The NPI will replace all payer-specific identification numbers (e.g., Wisconsin Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions).

Element 9 — Date Prescribed

Enter the date shown on the prescription in MM/DD/CCYY format.

Element 10 — Date Filled

Enter the date that the prescription was filled or refilled in MM/DD/CCYY format. When billing unit dose (UD) services, the last date of service in the billing period must be entered.

Element 11 — Refill

Enter the refill indicator. The first two digits of the refill indicator is the refill being billed. This must be "00" if the date prescribed equals the date filled. The second element is the total refills allowed (e.g., the second refill of a six-refill prescription would be "02/06.") A non-refillable prescription would be "00/00." Enter "99" in the second element if the prescription indicates an unlimited number of refills.

Element 12 — NDC

Enter the 11-digit National Drug Code (NDC) or the ForwardHealth-assigned 11-digit procedure code for the item being billed. (Use the NDC indicated on the product.)

Element 13 — Days' Supply

Enter the days' supply of medication that has been dispensed for the member. This must be a whole number greater than zero (e.g., if a prescription is expected to last for five days, enter "5").

Element 14 — Qty

Enter the metric decimal quantity in the specified unit of measure according to the ForwardHealth Drug File. Quantities billed should be rounded to two decimal places (i.e., nearest hundredth).

Element 15 — UD

Enter one of the following National Council for Prescription Drug Programs (NCPDP) single-numeric indicators when billing for UD drugs and non-unit dose drugs. (This field is required for *all* pharmacy claims.)

Element 16 — Prescription Number

Enter the prescription number. Each drug billed must have a unique prescription number.

Element 17 — DAW

Enter the appropriate one-digit NCPDP dispense as written (DAW) code.

Element 18 — Drug Description (Optional)

Element 19 — Pt LOC

Enter the appropriate two-digit NCPDP patient location code for each drug billed.

Element 20 — Diagnosis Code

This element is required when billing for a drug for which ForwardHealth requires a diagnosis or when billing for Pharmaceutical Care (PC) services. If the diagnosis of the drug is different from that of the PC services, enter the diagnosis code of the drug from the *International Classification of Diseases, Ninth Revision, Clinical Modification* coding structure. Enter all digits of the diagnosis code, including the preceding zeros.

Element 21 — Level of Effort

This element is required when billing for PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Online Handbook for PC information. Enter the NCPDP code from the following list that corresponds with the time required to perform the PC service.

Element 22 — Reason for Service

This element is required when billing for Drug Utilization Review (DUR) or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Online Handbook for DUR and PC information and applicable PC values.

Element 23 — Professional Service

This element is required when billing for DUR or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Online Handbook for DUR and PC information and applicable PC values.

Element 24 — Result of Service

This element is required when billing for DUR or PC services. Refer to the Drug Utilization Review and Pharmaceutical Care section of the Online Handbook for DUR and PC information and applicable PC values.

Element 25 — Sub Clar Code

Enter NCPDP submission clarification code "2" to indicate repackaging.

Element 26 — Other Coverage Code

ForwardHealth is usually the payer of last resort for program-covered services. (Refer to the Coordination of Benefits section of the ForwardHealth Online Handbook for more information.) Prior to submitting a claim to ForwardHealth, providers are required to verify whether a member has other health insurance coverage (e.g., commercial health insurance, HMO, or Medicare).

If a member has Medicare and other insurance coverage, the provider is required to bill both prior to submitting a claim to ForwardHealth. Enter one of the NCPDP other coverage (OC) codes that best describe the member's situation.

Element 27 — Charge

Enter the total charges for this claim.

Element 28 — Other Coverage Amount

When applicable, enter the amount paid by commercial health insurance. This is required when the OC code in Element 26 indicates "2."

Note: Pharmacies may also include the Medicare-paid amount in this field for claims that fail to automatically crossover from Medicare to ForwardHealth within 30 days.

Element 29 — Patient Paid Amount

When applicable for SeniorCare claims, enter the member's out-of-pocket expense due to OC, including Medicare Part B or D and/or commercial health insurance. Do not enter an expected copayment for Wisconsin Medicaid, BadgerCare Plus, or SeniorCare.

Element 30 — Net Billed

Enter the balance due by subtracting the OC amount and the patient paid amount from the amount in Element 27.

Element 31 — Certification

The provider or the authorized representative is required to sign this element. The month, day, and year the form is signed must also be entered in MM/DD/CCYY format.

Note: The signature may be computer generated or stamped.

ATTACHMENT 2

Noncompound Drug Claim

(A copy of the “Noncompound Drug Claim” is located on the following page.)

NONCOMPOUND DRUG CLAIM

Instructions: Type or print clearly. Before completing this form, read the Noncompound Drug Claim Completion Instructions, F-13072A. For questions, contact Provider Services at (800) 947-9627. For ForwardHealth members, return the completed form to: ForwardHealth, Claims and Adjustments, 6406 Bridge Road, Madison, WI 53784-0002. For Wisconsin Chronic Disease Program members, return form to: ForwardHealth, P.O. Box 6410, Madison, WI 53716-0410.

SECTION I — PROVIDER INFORMATION

1. Name — Provider	2. National Provider Identifier
3. Address — Provider (Street, City, State, ZIP+4 Code)	

SECTION II — MEMBER INFORMATION

4. Member Identification Number	5. Name — Member (Last, First, Middle Initial)	6. Date of Birth — Member	7. Sex — Member
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SECTION III — CLAIM INFORMATION

8. Prescriber Number	9. Date Prescribed	10. Date Filled	11. Refill	12. NDC	13. Days' Supply
14. Qty	15. UD	16. Prescription Number	17. DAW	18. Drug Description	19. Pt Loc
20. Diagnosis Code	21. Level of Effort	22. Reason for Service	23. Professional Service	24. Result of Service	25. Sub Clar Code
26. Other Coverage Code	27. Charge \$	28. Other Coverage Amount \$	29. Patient Paid Amount \$	30. Net Billed \$	

31. Certification

I certify the services and items for which reimbursement is claimed on this claim form were provided to the previously named member pursuant to the prescription of a licensed physician, podiatrist, or dentist. Charges on this claim form do not exceed my (our) usual and customary charge for the same services or items when provided to persons not entitled to receive benefits under ForwardHealth.

I understand that any payment made in satisfaction of this claim will be derived from federal and state funds and that any false claims, statements or documents, or concealment of a material fact may be subject to prosecution under applicable federal or state law.

32. SIGNATURE — Pharmacist or Dispensing Physician	33. Date Signed
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